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Spontaneous splenic rupture in a fit and healthy 18 year old suffering from Infectious Mononucleosis.

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Introduction: An 18 year old gentleman was admitted after collapsing at home with spontaneous splenic rupture, requiring immediate resuscitation, emergency laparotomy, splenectomy and admission to Critical Care.

Case Report: An 18 year old male collapsed with sudden onset, worsening abdominal pain with no history of trauma or past medical history. In the Emergency Department (ED) he was hypotensive and tachycardic with a metabolic acidosis, pH 7.16, venous lactate 7.5. Abdominal FAST scan demonstrated free peritoneal fluid. CT abdomen revealed a large splenic haematoma. He was resuscitated with blood products, underwent an emergency laparotomy and splenectomy before admission to the Department of Critical Care (DCC). Recovery was complicated by a post-operative pneumonia, requiring readmission to DCC for Non-Invasive Ventilation. His Epstein Barr Virus (EBV) serology was positive with a recent positive case contact and he described flu like symptoms for 3-4 months. He made a full recovery and was discharged on lifelong antibiotic prophylaxis.

Discussion: Spontaneous splenic rupture is a small but serious complication of EBV infection, occurring in 0.1-0.5% of cases [1] and more commonly in male patients (70%) [2]. The highest risk appears to be in patients aged <30 within 4 weeks of onset of symptoms with an associated mortality of 9% [2].

Conclusion: Atraumatic splenic rupture is a potentially life threatening complication of EBV infection. ED Clinicians should be wary of patients in the identified risk group, particularly if presenting with abdominal pain. Patients can rapidly deteriorate with significant mortality in a young, otherwise well patient group.

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